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**\*BIBDATASHEET\*****CONFIRMATION NO. 9016**

Bib Data Sheet

SERIAL NUMBER 10/790,321	FILING DATE 03/01/2004  RULE	CLASS 128	GROUP ART UNIT 3743	ATTORNEY DOCKET NO. 02-64
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APPLICANTS  
  
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\*\* CONTINUING DATA \*\*\*\*\* *TKM*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *TKM*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
\*\* 05/19/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____	STATE OR COUNTRY CT	SHEETS DRAWING 6	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 1
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TITLE  
Fluid resistant airway adapter

FILING FEE  RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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